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CONFIRMATION NO. 5209

Bib Data Sheet

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| SERIAL NUMBER 09/800,014 | FILING OR 371(c) DATE 03/05/2001 RULE | CLASS 204 | GROUP ART UNIT 1753 | ATTORNEY DOCKET NO. 209960.0004/1U3 |
| APPLICANTS Chad Stephen Gephart, Boyertown, PA; H. William Loesch, Jenkintown, PA; Charles Francis McBairty, Easton, PA; Edward James McBairty, Souderton, PA; Michael J. Rello, Harleysville, PA; Thomas Kite Sharpless, Philadelphia, PA; Donald Wayne Shive, Fogelsville, PA; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/219,357 07/19/2000 and claims benefit of 60/188,115 03/09/2000 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/05/2001 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature Initials | | STATE OR COUNTRY PA | SHEETS DRAWING 21 | TOTAL CLAIMS 60 |
| | | | | INDEPENDENT CLAIMS 3 |
| ADDRESS 00570 | | | | |
| TITLE MEDICAL DIAGNOSTIC SYSTEM | | | | |
| FILING FEE RECEIVED 1015 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |